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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/736,100 12/13/2000 PAT 6,691,350  
 which claims benefit of 60/170,304 12/13/1999

O.K.R.S.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	IN	2	27	4
Examiner's Signature <i>Robert H. Hunter</i>	Initials <i>R.H.S.</i>			

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## TITLE

Accessories for a patient support apparatus

FILING FEE  RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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